

08/03/01



JC928 U.S. PTO

type a plus sign (+) inside this box → ☐

08-06-01

PTO/SB/05 (12/97)

Approved for use through 9/30/00 OMB 0651-0032

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No

2807.2.23

Total Pages

31

First Named Inventor or Application Identifier

Michael H. Myers

Express Mail Label No

EL751290411US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form  
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification *Total Pages*  (preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Application
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 USC 113) *[Total Sheets]*
5. Oath or Declaration *[Total Pages]* 
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 17 completed)  
**[Note Box 5 below]**
  - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Incorporation by Reference (useable if Box 4b is checked)  
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein

Assistant Commissioner for Patents  
ADDRESS TO: **Box Patent Application**  
**Washington, DC 20231**

7. ☐ Microfiche Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Copy
  - b. ☐ Paper Copy (identical to computer copy)
  - c. ☐ Statement verifying identify of above copies

## ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Small Entity Statement filed in prior application, Status still proper and desired
16. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
17. ☒ Other. Express Mail Certificate

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. \_\_\_\_\_

## 18. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

28049

or ☐ Correspondence address below

|         |                     |  |           |                |     |                |
|---------|---------------------|--|-----------|----------------|-----|----------------|
| NAME    | Hal D. Baird        |  |           |                |     |                |
|         | PATE PIERCE & BAIRD |  |           |                |     |                |
| ADDRESS |                     |  |           |                |     |                |
| CITY    |                     |  |           | STATE          |     |                |
| COUNTRY | US                  |  | TELEPHONE | (801) 530-5090 | FAX | (801) 530-5955 |

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231

08/03/01  
JC928 U.S. PTO

See a plus sign (+) inside this box → ☐ +

Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/05 (12/97)  
Approved for use through 9/30/00 OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

# FEE TRANSMITTAL

Note: Effective October 1, 1997.  
Patent fees are subject to annual revision.

|                                |          |                               |                  |
|--------------------------------|----------|-------------------------------|------------------|
|                                |          | <b>Complete If Known</b>      |                  |
|                                |          | <b>Application Number</b>     |                  |
|                                |          | <b>Filing Date</b>            | August 3, 2001   |
|                                |          | <b>First Named Inventor</b>   | Michael H. Myers |
|                                |          | <b>Group Art Unit</b>         |                  |
|                                |          | <b>Examiner Name</b>          |                  |
| <b>TOTAL AMOUNT OF PAYMENT</b> | \$395.00 | <b>Attorney Docket Number</b> | 2807.2.23        |

| <b>METHOD OF PAYMENT (check one)</b>   |          | <b>FEE CALCULATION (continued)</b>   |          |  |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
|--|----------|--|----------|--|----------|--------------|--|----------------|--|----------------------|----------|----------|----------|----------------|----------|----------|-----|-----|-----|-------------------------------------|-----|-----|-----|-----|-----|--|--|-----|-----|-----|-------|---------------------------|---|-----|------|-----|------|---|--|-----|------|-----|------|---|---|---------------------|-------|-----|-------|---|-----|-----|-----|-----|----|--|---|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|------|-----|-----|---|--|-----|------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|------|-----|------|---|--|-----|-----|-----|----|----------------------------------|--|-----|------|-----|-----|------------------------------------|--|-----|------|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|----|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|---------------------------|--|--|--|--|--|---------------------------|--|--|--|--|--|---------------------|--|--|--|--|----|
| 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br>Deposit Account Number <input type="text"/><br>Deposit Account Name <input type="text"/><br><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee In 37 CFR at the Mailing of the Notice of Allowance  |          | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2520</td><td>147</td><td>2520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1840*</td><td>113</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1510</td><td>138</td><td>1510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - intentional</td><td></td></tr> <tr><td>141</td><td>1240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1240</td><td>242</td><td>620</td><td>Utility issue fee</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40</td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td></td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td></td></tr> <tr> <td colspan="2"><b>SUBTOTAL (3)</b></td> <td colspan="2"></td> <td></td> <td>40</td> </tr> </tbody> </table> |          |  |          | Large Entity |  | Small Entity   |  | Fee Description      | Fee Paid | Fee Code | Fee (\$) | Fee Code       | Fee (\$) | 105      | 130 | 205 | 65  | Surcharge - late filing fee or oath |     | 127 | 50  | 227 | 25  | Surcharge - late provisional filing fee or cover sheet |  | 139 | 130 | 139 | 130   | Non-English specification |   | 147 | 2520 | 147 | 2520 | For filing a request for reexamination          |  | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action  |   | 113                 | 1840* | 113 | 1840* | Requesting publication of SIR after Examiner action |     | 115 | 110 | 215 | 55 | Extension for reply within first month |   | 116 | 390 | 216 | 195 | Extension for reply within second month |  | 117 | 890 | 217 | 445 | Extension for reply within third month |  | 118 | 1390 | 218 | 695 | Extension for reply within fourth month |  | 128 | 1890 | 228 | 945 | Extension for reply within fifth month |  | 119 | 310 | 219 | 155 | Notice of Appeal |  | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 | Request for oral hearing |  | 138 | 1510 | 138 | 1510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - intentional |  | 141 | 1240 | 241 | 620 | Petition to revive - unintentional |  | 142 | 1240 | 242 | 620 | Utility issue fee |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 40 | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR 1.129(b)) |  | Other fee (specify) _____ |  |  |  |  |  | Other fee (specify) _____ |  |  |  |  |  | <b>SUBTOTAL (3)</b> |  |  |  |  | 40 |
| Large Entity   |          | Small Entity   |          | Fee Description  | Fee Paid |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| Fee Code   | Fee (\$) | Fee Code   | Fee (\$) |  |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 105  | 130      | 205  | 65       | Surcharge - late filing fee or oath  |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 127  | 50       | 227  | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 139  | 130      | 139  | 130      | Non-English specification  |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 147  | 2520     | 147  | 2520     | For filing a request for reexamination                                     |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 112  | 920*     | 112  | 920*     | Requesting publication of SIR prior to Examiner action                     |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 113  | 1840*    | 113  | 1840*    | Requesting publication of SIR after Examiner action                        |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 115  | 110      | 215  | 55       | Extension for reply within first month                                     |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 116  | 390      | 216  | 195      | Extension for reply within second month                                    |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 117  | 890      | 217  | 445      | Extension for reply within third month                                     |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 118  | 1390     | 218  | 695      | Extension for reply within fourth month                                    |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 128  | 1890     | 228  | 945      | Extension for reply within fifth month                                     |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 119  | 310      | 219  | 155      | Notice of Appeal   |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 120  | 310      | 220  | 155      | Filing a brief in support of an appeal                                     |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 121  | 270      | 221  | 135      | Request for oral hearing   |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 138  | 1510     | 138  | 1510     | Petition to institute a public use proceeding                              |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 140  | 110      | 240  | 55       | Petition to revive - intentional   |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 141  | 1240     | 241  | 620      | Petition to revive - unintentional   |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 142  | 1240     | 242  | 620      | Utility issue fee  |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 143  | 440      | 243  | 220      | Design issue fee   |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 144  | 600      | 244  | 300      | Plant issue fee  |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 122  | 130      | 122  | 130      | Petitions to the Commissioner  |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 123  | 50       | 123  | 50       | Petitions related to provisional applications                              |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 126  | 240      | 126  | 240      | Submission of Information Disclosure Stmt                                  |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 581  | 40       | 581  | 40       | Recording each patent assignment per property (times number of properties) | 40       |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 146  | 710      | 246  | 355      | Filing a submission after final rejection (37 CFR 1.129(a))                |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 149  | 710      | 249  | 355      | For each additional invention to be examined (37 CFR 1.129(b))             |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| Other fee (specify) _____  |          |  |          |  |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| Other fee (specify) _____  |          |  |          |  |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| <b>SUBTOTAL (3)</b>  |          |  |          |  | 40       |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| <b>2. <input checked="" type="checkbox"/> Payment Enclosed.</b><br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other   |          |  |          |  |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| <b>FEE CALCULATION</b>   |          |  |          |  |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| <b>1. FILING FEE</b>   |          |  |          |  |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td>355</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="4"><b>SUBTOTAL (1)</b></td> <td></td> <td>355</td> </tr> </tbody> </table>   |          |  |          |  |          | Large Entity |  | Small Entity   |  | Fee Description      | Fee Paid | Fee Code | Fee (\$) | Fee Code       | Fee (\$) | 101      | 710 | 201 | 355 | Utility filing fee                  | 355 | 106 | 320 | 206 | 160 | Design filing fee                                      |  | 107 | 490 | 207 | 245   | Plant filing fee          |   | 108 | 710  | 208 | 355  | Reissue filing fee                              |  | 114 | 150  | 214 | 75   | Provisional filing fee                                  |   | <b>SUBTOTAL (1)</b> |       |     |       |   | 355 |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| Large Entity   |          | Small Entity   |          | Fee Description  | Fee Paid |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| Fee Code   | Fee (\$) | Fee Code   | Fee (\$) |  |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 101  | 710      | 201  | 355      | Utility filing fee   | 355      |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 106  | 320      | 206  | 160      | Design filing fee  |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 107  | 490      | 207  | 245      | Plant filing fee   |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 108  | 710      | 208  | 355      | Reissue filing fee   |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 114  | 150      | 214  | 75       | Provisional filing fee   |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| <b>SUBTOTAL (1)</b>  |          |  |          |  | 355      |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| <b>2. CLAIMS</b>   |          |  |          |  |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| <table border="1"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Ind. Claims</th> <th colspan="2">Multiple Dep. Claims</th> <th colspan="2">Extra</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>20</td> <td>-20 =</td> <td>0</td> <td>x</td> <td>9</td> <td>=</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>-3 =</td> <td>0</td> <td>x</td> <td></td> <td>=</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>0</td> <td>x</td> <td></td> <td>=</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>  |          |  |          |  |          | Total Claims |  | Ind. Claims    |  | Multiple Dep. Claims |          | Extra    |          | Fee from below |          | Fee Paid |     |     |     |                                     |     |     |     |     |     |  |  |     |     | 20  | -20 = | 0                         | x | 9   | =    | 0   |      |   |  |     |      | 2   | -3 = | 0   | x |                     | =     | 0   |       |   |     |     |     |     |    | 0                                      | x |     | =   | 0   |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| Total Claims   |          | Ind. Claims  |          | Multiple Dep. Claims   |          | Extra        |  | Fee from below |  | Fee Paid             |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
|  |          |  |          |  |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 20   | -20 =    | 0  | x        | 9  | =        | 0            |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 2  | -3 =     | 0  | x        |  | =        | 0            |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
|  |          | 0  | x        |  | =        | 0            |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim</td><td></td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4"><b>SUBTOTAL (2)</b></td> <td></td> <td>0</td> </tr> </tbody> </table> |          |  |          |  |          | Large Entity |  | Small Entity   |  | Fee Description      | Fee Paid | Fee Code | Fee (\$) | Fee Code       | Fee (\$) | 103      | 18  | 203 | 9   | Claims in excess of 20              |     | 102 | 80  | 202 | 40  | Independent claims in excess of 3                      |  | 104 | 270 | 204 | 135   | Multiple dependent claim  |   | 109 | 80   | 209 | 40   | Reissue independent claims over original patent |  | 110 | 18   | 210 | 9    | Reissue claims in excess of 20 and over original patent |   | <b>SUBTOTAL (2)</b> |       |     |       |   | 0   |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| Large Entity   |          | Small Entity   |          | Fee Description  | Fee Paid |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| Fee Code   | Fee (\$) | Fee Code   | Fee (\$) |  |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 103  | 18       | 203  | 9        | Claims in excess of 20   |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 102  | 80       | 202  | 40       | Independent claims in excess of 3  |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 104  | 270      | 204  | 135      | Multiple dependent claim   |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 109  | 80       | 209  | 40       | Reissue independent claims over original patent                            |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| 110  | 18       | 210  | 9        | Reissue claims in excess of 20 and over original patent                    |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| <b>SUBTOTAL (2)</b>  |          |  |          |  | 0        |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |
| *Reduced by Basic Filing Fee   |          |  |          |  |          |              |  |                |  |                      |          |          |          |                |          |          |     |     |     |                                     |     |     |     |     |     |  |  |     |     |     |       |                           |   |     |      |     |      |   |  |     |      |     |      |   |   |                     |       |     |       |   |     |     |     |     |    |  |   |     |     |     |     |   |  |     |     |     |     |  |  |     |      |     |     |   |  |     |      |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |      |     |      |   |  |     |     |     |    |                                  |  |     |      |     |     |                                    |  |     |      |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |    |

|                       |              |             |  |                                 |        |
|-----------------------|--------------|-------------|--|---------------------------------|--------|
| <b>SUBMITTED BY</b>   |              |             |  | <b>Complete (if applicable)</b> |        |
| Typed or Printed Name | Hal D. Baird |             |  | Reg Number                      | 42,284 |
| Signature             |              |             |  | Deposit Account User ID         |        |
|                       | Date         | Aug 3, 2001 |  |                                 |        |

Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

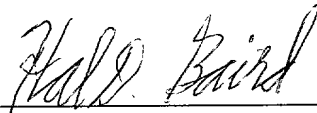
CERTIFICATE OF MAILING BY "EXPRESS MAIL"

"Express Mail" Mailing Label No.: EL751290411US

Date of Deposit: August 3, 2001

I hereby certify that this patent application in the name of Michael H. Myers for "CODE-DIVISION, MINIMUM-SHIFT-KEYING OPTICAL MULTIPLEXING," together with three (3) sheets of drawings; Assignment and cover sheet; Declaration, Power of Attorney and Petition; transmittal letter; fee transmittal letter; and Check No. 2651 for \$395.00, are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above in an envelope addressed to Box Patent Application, Assistant Commissioner for Patents, Washington, D.C. 20231.

Respectfully submitted,



Hal D. Baird  
Reg. No. 42,284  
Attorney for Applicant

Date: August 3, 2001

PATE PIERCE & BAIRD  
Bank One Tower  
50 West Broadway, Suite 900  
Salt Lake City, Utah 84101  
Telephone: (801) 530-5090

09022660 "08020E" 00000000